

Date Accomplished

ddmmyyyy

Branch/Office

Member Number

Member Name

Regular

Associate

CHANGES IN MEMBER INFORMATION

TYPE OF CHANGE (Check the applicable box.) Alterations must be countersigned by the member.

Name

Address

Cellphone Number

Email Address

Nature of Work

Name of Employer

TIN

Membership Type from Associate Member to Regular Member

Others

Specimen Signature (Please sign within the three (3) boxes. No need to sign if there is no change in signature.)

Landline

Civil Status

Nature of Business

Sources of Funds

SSS

GSIS

No change in member's personal information

MEMBER REQUEST

NOTE: Please check (✓) the applicable request box. Any alterations must be countersigned by the member.

Issuance of Bank Certification / Bank Statement

Purpose

Addressee

Bank Certification Request for:

All my/our Accounts

Only this/these Account Number(s)

Please release the Bank Certificate to my authorized representative whose signature appears below

Signature over printed name of Representative

Replacement of Lost Passbook

CC

PSA

CASA

OTHERS

Replacement of Lost ID

ID Renewal/Damaged ID

Reactivation / Update / Change of Mobile Number in the iTrack Facility to

By reactivating/updating/changing my mobile number enrolled in the iTrack facility, I hereby agree and consent to be bound by the same declaration and undertaking I signed when I registered for the iTrack, and pledge to abide by the policies, rules, regulations of PSSLAI pertaining to the iTrack.

Affidavit of Loss (Form available)

Notary

Others

TOTAL Fees & Charges

AGREEMENT

I hereby certify that I voluntarily disclosed the above information pertaining to my person and hereby authorize PSSLAI, its officers, employees or representatives to collect/ provide information from/ to my Branch of Service or Employers and use the same information, personal or sensitive as defined under RA 10173, in connection with my membership, loan application/loan availment, capital contribution and deposit placements, loan collections, loyalty rewards program, and for all other legitimate purposes relative to the foregoing. I confirm that I had authorized my Branch of Service or Employers to provide all necessary information to PSSLAI relative to the above mentioned. Also, I consent to the disclosure/ sharing of my information to accredited/affiliated third parties solely for the aforestated purposes.

I hereby confirm that by providing personal data, I agree to be bound by the PSSLAI Privacy Terms and Conditions and Notice found in [www.psslai.com](#).

I further authorize PSSLAI to update my registered mobile number in iTrack using my updated cell phone number as indicated above, and I agree to be bound by the same terms and conditions set forth in the Sworn Declarations and Undertaking Relating to Enrollment in the PSSLAI iTrack I have previously signed.

Finally, I authorize PSSLAI to process any instruction hereby written. Mode of Payment for any fee/s or charge/s connected to my request shall be in the form of: 

Cash

Debit from Account No.:

Signature over printed name of Member

DO NOT WRITE BEYOND THIS LINE - to be filled out by PSSLAI personnel

Processed by:

Date:

Confirmed by:

Date: